

## Appendix B – Directory

Contact/ Topic	Contact Numbers	Web Address	Purpose/Comments/ Prompts
Automated Eligibility Verification System (AEVS)	1-800-456-AEVS (2387)		<ul style="list-style-type: none"> <li>For additional information on transactions available via AEVS see <i>Section 5.5 – Automated Eligibility Verification System (AEVS)</i>.</li> </ul>
Magellan Corporate Special Investigations Unit (SIU)	1-800-755-0850 TTY 711 Fax: 1-888-656-2407		<p>Hours of Operation: Monday-Friday 6 a.m. – 6 p.m. PST</p> <p>After Hours/Holiday Voicemail available: Monday-Friday 6 p.m. – 6 a.m. PST &amp; Friday 6 p.m. to Monday 6 a.m. PST</p> <p>Mailing Address: SIU, Medi-Cal Rx 11010 White Rock Road Rancho Cordova, CA 95670</p> <p>Email: <a href="mailto:siu@magellanhealth.com">siu@magellanhealth.com</a></p>

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Magellan Special Investigations Unit (SIU) Pharmacy FWA Hotline	1-800-349-2919 TTY 711		<p>Hours of Operation: Monday-Friday 6 a.m. – 6 p.m. PST</p> <p>After Hours/Holiday Voicemail available: Monday-Friday 6 p.m. – 6 a.m. PST &amp; Friday 6 p.m. to Monday 6 a.m. PST</p> <p>Mailing Address: SIU, Magellan Health, Inc. 8621 Robert Fulton Drive Columbia, MD 21046</p> <p>Email: <a href="mailto:siu@magellanhealth.com">siu@magellanhealth.com</a></p>
Medi-Cal Eligibility Division (MCED)		<a href="https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-Cal%20Eligibility%20Division.aspx">https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-Cal%20Eligibility%20Division.aspx</a>	<p>The MCED is responsible for the development, coordination, clarification, and implementation of Medi-Cal regulations, policy, and procedures to assure Medi-Cal eligibility is determined accurately and timely.</p> <p>The Website has links for Beneficiaries, Programs, Counties &amp; Stakeholders and additional information on eligibility and enrollment.</p>

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Medi-Cal Rx Compliance Hotline	1-800-915-2108 TTY 711		Hours of Operation: 24 hours a day, 7 days a week, 365 days a year.  All calls reported through the Compliance hotline are investigated by a Medi-Cal Rx Compliance Officer.  Email: <a href="mailto:MRxCompliance@magellanhealth.com">MRxCompliance@magellanhealth.com</a>
Medi-Cal Rx Customer Service Center  24/7/365 (excluding approved holidays)  <b>NOTE:</b> Finance CSRs will only be available Monday- Friday 8 a.m. to 5 p.m PST. Voicemail will be available for after- hours calls and will be returned on the next business day.	1-800-977-2273 TTY 711  Prior Authorization (PA)/PA Appeal(s) Fax Number: 1-800-869-4325  Paper Claim Fax Number: 1-866-391-6726	<a href="http://www.Medi-CalRx.dhcs.ca.gov">www.Medi- CalRx.dhcs.ca.gov</a>	Customer Service Representatives will be able to respond to questions that include, but are not limited to: <ul style="list-style-type: none"><li>• Beneficiary Inquiries</li><li>• Provider Inquiries</li><li>• Financial Inquiries</li><li>• Claims processing/messaging</li><li>• Drug Coverage</li><li>• Beneficiary Eligibility</li><li>• Prior Authorization status</li><li>• Pharmacy Locations</li><li>• Assistance with Provider Portal access</li><li>• Assistance with identification and reporting of Fraud, Waste and Abuse</li></ul>

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<p><b>NOTE:</b> If mailing correspondence please ensure that a department is identified in the ATTN line.</p>			<p><b>Mailing Address(es):</b></p> <ul style="list-style-type: none"> <li> <b>Medi-Cal Rx Customer Service Center</b>  <b>ATTN:</b> Provider Paper Claims <b>or</b> Provider Claims Appeals <b>or</b> Provider Claims Inquiries <b>or</b> Financial Inquiries <b>or</b> Beneficiary Reimbursement Claims (CHOOSE ONE PURSUANT TO WHAT IS BEING SENT)  P.O. Box 610  Rancho Cordova, CA 95741-0610 </li> <li> <b>Medi-Cal Rx Customer Service Center</b>  <b>ATTN:</b> Provider PA Requests <b>or</b> Provider PA Appeals <b>or</b> Accounts Receivable Forms (CHOOSE ONE PURSUANT TO WHAT IS BEING SENT)  P.O. Box 730  Rancho Cordova, CA 95741-0730 </li> </ul>

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Medi-Cal Rx FWA Hotline	1-800-375-1251, TTY 711		<p>Hours of Operation: Monday-Friday 6 a.m. – 6 p.m. PST</p> <p>After Hours/Holiday Voicemail available: Monday-Friday 6 p.m. – 6 a.m. PST &amp; Friday 6 p.m. to Monday 6 a.m. PST</p> <p>Mailing Address: SIU, Medi-Cal Rx 11010 White Rock Road Rancho Cordova, CA 95670</p>
Medi-Cal Telephone Support Center (TSC)	1-800-541-5555		<ul style="list-style-type: none"> <li>• <b>NOTE:</b> This is different than the Medi-Cal Rx Customer Service Center (CSC)</li> <li>• Providers needing assistance with AEVS, Medi-Cal PIN related inquiries and any non-Medi-Cal Rx related inquiries should call the TSC.</li> </ul>
Pharmacy Claim Form (30-1) & Compound Paper Claim Form (30-4)		<a href="http://www.Medi-CalRx.dhcs.ca.gov">www.Medi-CalRx.dhcs.ca.gov</a>	Pharmacy Claim Form(s) (30-1) and Compound Paper Claim Form(s) (30-4) will be available for download via the Medi-Cal Rx website under the “Forms & Information” link.

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Provider Application and Validation for Enrollment (PAVE) Technical Support	1-866-252-1949	<a href="https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx">https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx</a>	<p>Hours of Operation: Monday-Friday 8 a.m. – 6 p.m. PST, excluding holidays</p> <p>Provides assistance with:</p> <ul style="list-style-type: none"> <li>• PAVE technical issues</li> <li>• PAVE internet browser compatibility</li> <li>• PAVE log-on</li> <li>• System Navigation/Functionality</li> <li>• Uploading/Accessing documents</li> </ul>
Provider Enrollment Department (PED) Message Center	1-916-323-1945	<a href="https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx">https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx</a>	<p>Address: Department of Health Care Services Provider Enrollment Division P.O. Box 997412 Sacramento, CA 95899-7412</p> <p>Online Inquiry Form – Access PED webpage and select <b>Inquiry Form</b> under “Provider Resources”</p> <p>Provides assistance with:</p> <ul style="list-style-type: none"> <li>• Clarification of enrollment requirements</li> <li>• Explanation of application denial</li> <li>• Medi-Cal Provider Enrollment process</li> <li>• Revalidation/Re-Enrollment</li> <li>• Status of paper application</li> <li>• Address changes</li> </ul>

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Universal Claim Forms (UCFs)	1-877-817-3676  Fax Number: 866-308-2036	<a href="http://www.ncpdp.org/products.aspx">http://www.ncpdp.org/products.aspx</a>	NCPDP Universal Claim Forms may be purchased from NCPDP's vendor, Communiform LLC. The forms may be ordered by phone, fax, or online.